## SHIP :       VOYAGE :

### From :       Date :

### To :       Date :

### Reporting Officer / Doctor:

### Distribution List: Medical Consultant, DPA, Staff Captain,

###### GENERAL

Total Number of Guests onboard :

Total Number of Crew onboard :

###### SUMMARY OF MEDICAL STATUS

|  |  |  |
| --- | --- | --- |
| CONDITIONS | PASSENGER | CREW |
| Total number of consultations |  |  |
| Admissions to Ship’s Hospital |  |  |
| Left ship for Medical Reasons |  |  |
| Accidents Serious |  |  |
| Accidents Minor |  |  |
| Gastro-enteritis |  |  |
| Sexually Transmitted Disease |  |  |
| Deaths on board |  |  |

###### POTABLE WATER COLILERT TEST:

Total Tests Positive:       Total Number of Test:

###### 

###### SUMMARY OF HOSPITAL INCOME

|  |  |  |
| --- | --- | --- |
| Consultation Fees | US$ |  |
| Laboratory Fees | US$ |  |
| Drug Store | US$ |  |
| Drug Store Crew (not to include in total) | US$ |  |
| Consultation Crew ( not to include in total) | US$ |  |
| Total Cost Crew ( Cons. + Drugs) | US$ |  |
| Total Income Passengers | US$ |  |

###### GENERAL COMMENTS:

###### CASES OF SPECIAL INTEREST - GUESTS (including name, age and nationality):

###### ACCIDENTS- GUESTS (including name, age and nationality):

###### CASES OF SPECIAL INTEREST -CREW (including name, age and nationality)

###### ACCIDENTS – CREW (including name, age and nationality)

###### STATUS OF MEDICAL EQUIPMENT AND STORES

**Location/Date:**       /

**Prepared by:**

**Doctor:** **, signed: ……………………………**

**Master:           , signed: …………………………..**